



www.gallatin.mt.gov/health

Gallatin City-County Health Department

Environmental Health Services
215 W. Mendenhall, Rm 108
Bozeman, MT 59715-3478
406-582-3120 • Fax: 406-582-3128

Public Accommodation Vacation Rentals / Tourist Homes Plan Review Guidelines

MCA 50-51-102 Definitions. (11) "Tourist home" means a private home or condominium that is not occupied by an owner or manager and that is rented, leased, or furnished in its entirety to transient guests on a daily or weekly basis.

MCA 50-51-201 License required. (1) Except as provided in subsection (2), a person engaged in the business of conducting or operating an establishment shall annually procure a license issued by the department (MDPHHS).

If your endeavor does not meet the definition above a general public accommodation plan review application and licensing may still be required. Contact GCCHD at (406) 582-3120 to discuss your plans.

The following must be submitted to GCCHD to begin the licensing process.

Site Plan	Blueprints or other schematic of facility showing all areas.
Water	<p>Private Well</p> <ul style="list-style-type: none">A private well must have a current water sample test result from a Certified Lab. Water tests must be completed and be within acceptable ranges for coliform bacteria (every 6 months) and Nitrates (annually). Please submit copies of current water tests with application. <p>Public Water</p> <ul style="list-style-type: none">If the facility is serviced by a public water system, please provide copies of water bills or subdivision information including public water system number. <p>*Water treatment will be reviewed for compliance with current regulations.</p>
Wastewater	<p>Individual septic system</p> <ul style="list-style-type: none">Provide local septic permit number. <p>Public Wastewater Treatment System</p> <ul style="list-style-type: none">If the facility is serviced by a public wastewater system, provide copies of sewer bills or subdivision information including EQ number. <p>*Wastewater treatment will be reviewed for compliance with current regulations.</p>
Cleaning Schedule	Written cleaning and sanitizing plan. This should include how laundry is done. If laundry is done at an offsite location or outside service, submit written verification of service.

Hot Tub/Spa	<p>Hot Tub / Spa's: Currently the Montana Department of Health and Human Services has not indicated whether a Hot Tub / Spa must be licensed under ARM 37.111.11. If a spa exists alterations may be required to allow guests to use. Include in the application packet if a spa exists.</p> <ul style="list-style-type: none"> • <u>Existing</u> - Provide specifications • <u>New</u> - Contact GCCHD prior to purchase for proper procedure.
Fire Inspection	<p>GCCHD prefers that an inspection be completed and any corrections made prior to licensure. Contact GCCHD if this cannot be accomplished.</p> <p>For Gallatin County contact:</p> <p><u>State Fire Marshal's Office</u> Pat Clinch, Deputy State Fire Marshal Fire Prevention & Investigation Section, Division of Criminal Investigation P.O. Box 201415, Helena, MT 59620-1415 Phone: (406) 444-1919, E-mail: pclinch@mt.gov</p> <p>If you operate in other locations you can access the Fire Marshal Website at http://www.doj.mt.gov/enforcement/fireprevention/ to determine the appropriate contact.</p>
Building Permit	<p>A building permit may be required for your project. Please contact the appropriate department for your location. A certificate of occupancy or building approval will be required by the GCCHD before a license will be approved.</p> <p>City Building Departments</p> <p>Bozeman - 582-2375 Belgrade - 388-4994 Three Forks - 285-3431 West Yellowstone - 646-7609</p> <p>All other areas (Manhattan, Four Corners, Big Sky, Logan and all rural areas) State Department of Commerce, Building Codes Bureau, (406) 444-3933.</p> <p>*Jurisdiction may extend beyond city limits. Please make sure you obtain approval from the appropriate agency.</p>
Advertising	<p>Provide all advertising venues for facility</p> <ul style="list-style-type: none"> • Include web based links, magazines or other sites this facility may appear in
Plan Review Fee	<p>Plan review fee required with plan review application - see fee schedule.</p> <p>*Licensing fee will be collected at time of licensure.</p>

Tourist Home Plan Review Application

NEW _____ REMODEL _____ (existing Y____ N____)

Name of Establishment	
Site Address	
City, State, Zip	
(Corporation name if applicable) Estab Owner/Licensee	
Contact Individual	
Owner Mailing Address	
City, State, Zip	
Phone	Fax
Email	
Applicant	
Applicant Mailing Address	
City, State, Zip	
Phone	Fax
Email	

Who should license renewal notices and licenses be mailed to? Owner _____ Applicant _____

Yes___No___Property is in Gallatin County. If no, what county is it in? _____

Yes___No___I have submitted plans/applications to (or obtained permits from) the necessary or appropriate authorities including **zoning, planning, building, plumbing, and fire departments**.

I (We) hereby certify under penalty of perjury that the information is true, complete, accurate and correct to the best of my (our) knowledge. I understand that any deviation from the above without prior permission from the Gallatin City-County Health Department may nullify final approval.

Signature _____ Date _____
Owner/Representative

Approval of these plans and specifications by the Gallatin City-County Health Department does not indicate compliance with any other code, law or regulation that may be required -- federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

Department use only	
Amount received _____	
Cash	Check # _____
Receipt # _____	
District _____	

HEALTH CODE
CHAPTER 1
ADOPTED BY BOARD OF HEALTH
FEE SCHEDULE
08/27/2009

Base Rate for Services: \$60.00 per hour

Miscellaneous Plan Reviews: (Reviews based on 3.0 hr.)

Motel/Hotel with food service facilities including continental breakfast:

\$180.00 + Food service plan review
fee based on facility size (see Health
Code Chapter 2 fee schedule)

Miscellaneous Plan Reviews: (Reviews based on 2.0 hr.)

Motel/Hotel with no food service, Bed & Breakfast, Tourist Home, Rooming/Boarding
House:

\$120.00 + base rate for each
additional hour

Miscellaneous Establishments (i.e. Day Cares, Trailer Courts, etc.):

\$120.00 + base rate for each
additional hour

Site Visit: (based on 2.0 hr./visit)

\$120.00 + base rate for each
additional hour

Special or Miscellaneous Inspection: (i.e. ownership change, review of manufacturing
process, special consultation, group home)

(based on 2.0 hr./visit)

\$120.00 + base rate for each
additional hour

Filing Fees from Clerk and Records Office passed to client or applicant
(Current fee schedule available from C&R Office)